

AGREEMENT NUMBER

TV-1718-20

REGISTRATION NUMBER

1. This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME

California Department of Aging

CONTRACTOR'S NAME

County of San Bernardino Aging & Adult Svcs

2. The term of this Agreement is: July 1, 2017 through June 30, 2018

3. The maximum amount \$ 355,962
of this Agreement is: Three hundred fifty-five thousand nine hundred sixty-two and 00/100 dollars

4. The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement.

Exhibit A – Scope of Work 13 pages

Exhibit B – Budget Detail, Payment Provisions, and Closeout 10 pages

Exhibit C* – General Terms and Conditions GTC 610

Check mark one item below as Exhibit D:

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Exhibit - D Special Terms and Conditions (Attached hereto as part of this agreement)

33 pages

Exhibit - D* Special Terms and Conditions

Exhibit E – Additional Provisions 10 pages

Items shown with an Asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto.

These documents can be viewed at <http://www.dgs.ca.gov/ols/Resources/StandardContractLanguage.aspx>

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.)

County of San Bernardino Aging & Adult Svcs

BY (Authorized Signature)



DATE SIGNED(Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS

150 South Lena Road San Bernardino CA 92415-0515

STATE OF CALIFORNIA

AGENCY NAME

California Department of Aging

BY (Authorized Signature)



DATE SIGNED(Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

Glenn Wallace, Manager, Contracts and Business Services Section

ADDRESS

1300 National Drive, Suite 200, Sacramento CA. 95834

California Department of General Services Use Only

☒ Exempt per:
AG OP 80-111.